PHYSICIANS should state RECORD. Every item of inforof OCCUPA-Exact statement CAUSE OF DEATH in pain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING H UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED N. B.-WRITE PLAINLY,

1. PLACE OF DEATH	97)	
County Otoward	Registration Dist. No. 9	0
	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurred 3 2 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME William Clash	etow	
(a) Residence: No. Ulchestee (Usualplace of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH CAN. 25 (Modth) (Day)	, 193 3 (Yaar)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		
(or) WIFE of Lucia	22. HEREBY CERTIFY That I attended	deceased from
DATE OF SUPERIOR AND A LANGE OF THE PARTY OF	· · · · · · · · · · · · · · · · · · ·	death is said
AGE Yeers Months Deys If LESS than	to have occurred on the date states above, at 6 Pm.	, death is said
Utility 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	arterio - delerous	21/2
9. Industry or business in which work was done, as SILK MILL,		170
SAW MILL, BANK, etc		
10. Date deceased last worked et / this occupation (month and yaer)		
2. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	
(State or country)	High Blad Bessine	Dec /
13. NAME William ashelone 14. BIRTHPLACE (city or town). Supplementary land		173
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Country)	Whet tast confirmed diagnosis? Wes there an a	utopsy?
15. MAIDEN NAME Claratelle Thompson	23. If death was due to external causes (VIOLENCE) fill in also the following	:
15. MAIDEN NAME La stell Thompson 16. BIRTHPLACE (city or towns) (State or country)	Accidant, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?(Specify city or town, county and State	
7. INFORMANT MISS Sentifice ashita	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	NCE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place A. While Chu, Date Cor, 3 /1933	Nature of injury	
9. UNDERTAKER (Easton) Spranger (Address)	24. Was disease or injury in any way related to occupation of deceased?	
O. FILED adail 2719 33 brigged Wind Not	(Signed) A-1/2 / Image	7. M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
of importance were as follows: Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year ;	



	RECOR	r. PHY	Exact s	
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY H UNFADING INK-THIS IS A PERMANEN RECOR	mation should be catefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact s	ite.
FOR	IS A I	stated	proper	certifica
B	HIS	be	be	Jo
SERVI	NK-TI	pluods	it may	n back
REG	NG I	AGE	that	ions c
MARGIN	UNFADI	upplied.	terms, se	TION is very important. See instructions on back of certificate.
	5	fully s	n plain	nt. Se
(NIE.	Do car	SATH i	mporta
	TE PLAI	plnous 1	E OF DE	is very i
0.1	-WRI	mation	CAUS	TION

N. B.—WRITE I

D. Every item of infor-SICIANS should state tatement of OCCUPA-

1. PLACE OF DEATH County Howard Village or City Daylon	occurred yrs mos	Registration Dist. No. 194 No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? yrs. mos. ds. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4-30-33 (Month) (Oay) (Yeer)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Nancy Dorsey	0	22. I HEREBY CERTIFY, Thet I attended deceesed from INQUIRY, 19, to
7. AGE Yeers Months 33	Oays If LESS than 1 dey,hrs, ormin.	I last saw h; death is seld to have occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Lab. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupetion (month and year)	11. Total time (yeers) spant in this occupation	Gunshot Wound in Breest Rupturing the right Pulmonary circulation. Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country) Maryla 13. NAME Phillip H Brig		
13. NAME Phillip H Bright 14. BIRTHPLACE (city or town) (State or country) Marylan		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAJOEN NAME Mary E.Gil 16. BIRTHPLACE (city or town) (Stete or country) Samuel Bright 17. INFORMANT (Address)	land	23. If death was due to external causes (YIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Browns Chapel	5-2-33	Menner of injury
19. UNOERTAKER F.C. His inbot Filicott C	hom Jr. ity, Md. Luclus	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

(Address) -- F11-1-ott-City-Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. M.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	121
County Argan	Registration Dist. No. 1924
Village or City Glinel 9	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
6- 101 111 1	as. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wanda Elizabeth Cr	rolls
(a) Residence: No. Alexally (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	april 19 1033
5a. If married, widowed, or divorced	(Year) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(6), 1112 (1	mar 29 1933, 10 april 19 1933
6. DATE OF BIRTH (month, day, and year) Man 10 1855	Hast saw her alive on afril 16 ,1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at &
7 8 / 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or partiaular	al Cute Solatelon of hund Date of great
SAWYER, BODKKEEPER, etc.	
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	Tenderness over gall-Sladder, and right
SAW MILL, BANK, etc	middle guadrante Cw&R,
11. Total time (years) this occupation (month end year)	Exact location and course of abovers unknown.
) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	anima from abserso of abdomin
(State or country)	No operation; no autopay; pracise lacation
13. NAME Techand Crothes 14. BIRTHPLACE (city or town) Md	of abdominal abscess undetermined.
14. BIRTHPLACE (city or town)	Name of operation Date of
(otate or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maria Watter	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary Mullens of	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Alfful y mal	
18. BURIAL, CREMATION, OR REMOVAL / Place Mt Yum Date about 22 1933	Manner of Injury
Place Mu Land Date Upw 22, 1923	Nature of Injury
19. UNDERTAKER Hary Mer	24. Was disease or injury In any way related to occupation of deceased?
(Address) Sylvegrille my	If so, specify
20. FILED april 19, 1938 A. a. Musholo	(Signed) M. D. M. D.
Registrar.	(Address) Clarkenth, ms

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

RECORD. Every item of inforshould state Exact statement of OCCUPA-PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. H UNFADING INK-THIS IS A PERMANEN FOR BINDING N. B.—WRITE PLAINLY, HUNFADING INK—THIS IS A PERMANEN mation should be careturly supplied. AGE should be stated EXACT TION is very important. See instructions on back of certificate. MARGIN RESERVED V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	COUR
1. PLACE OF DEATH	(31)	12
County Arward.	Registration Dist. No.	17
Village or City Juniford.	No. St	Ward
101 (If	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence in city or town where death occurred	ds. How long in U, S, if of foreign birth?yrsmo	sds.
2. FULL NAME SLOWE W. Das	les	
(a) Residence: No. Junklard	St., Ward.	
(Usual place of abode)	If conresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (Autite the word)	21. DATE OF DEATH	3
Male MME Cunned	(Mopth) (Day)	(Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY, That I attended o	Accessed from
(or) WIFE of Sarah U. Dashe	22. Chile of the control of the cont	leceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw h win alive on 19	: death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at \$21.5 A.m.	, geath is said
49 A 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	Date of onset
o kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	70	4/2/
A Industry or business in which	, tumborus_	-1-4-4-3
work was dona, as SILK MILL, SAW MILL, BANK, etc	and suddenly	
- Sponttii tiii		
year) occupation occupation	Other Contribotory Causes of Importance:	
12. BIRTHPLACE (city or town) Ungassige .	the Replies	46
(State or country) Now West Vingenia	à arteris - seluvis	1923
13. NAME Slymor Dashow		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Elingsteth Oliceges 16. BIRTHPLACE (city or town) / /	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury	, 19
(State or country) Well Marina	Where did injury occur?	
17. INFORMANT Mate, hastely	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) & way low		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place III . JUTULA LAM. Date . L. JON. 19.0.	Nature of Injury	
19. UNDERTAKER Gaston, Soup	24. Was diseasa or injury in any way related to occupation of deceased?	<i>م</i>
(Address) (1) Ellis at City (If so, spacify	
20, FILED 17/53, Market elen	(Signed)	M. D.
Register.	(Address) South Lux,	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.	

DAMSE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL SPACE FOR FURTHER ST	PATEMENTS I	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04086
1. PLACE OF DEATH	172
county Howard	Registration Dist. No. 195
Village or City Larrel	41.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Khas. W. Filang	
(a) Residence: No. hamel.	St. Howardand G.
(Usuaj place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vibric till word)	21. DATE OF DEATH Child 193 3
5a. If married, widowed, or divorced HUSBAND of	(manus) (bay) (seat)
(or) Wife of Way E. Flang	22. CERTIFY. Just 1 attended decesed from
6. DATE OF BIRTH (month, dev, end yeer) aug. 11 4 1/891	I last saw Line elive on
7. AGE Yeers Months Days II LESS then	to have occurred on the date stated above, at
4/8 / 1 day, Jhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of groot
kind of work done, as SPINNER, Tarmer.	head - head with
A Industry or business in which	1 malantin
work was done, as SILK MILL, SAW MILL, BANK, etc.	1,000
O Date deceased last worked at this occupation (month and 4/33-year) 11. Total time (yeers) ? spent in this occupation.	
	Bther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Ed. Il larg.	
Ξ 1 1	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diegnosis? Was there en autopsy? W
15. MAIDEN NAME OTION STREET TOWN	23. If deeth was due to externel causes (VIOLENCE) fill in also the Tollowing:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? The was bate of injury 4 117, 19
(Stete or country)	Where did injury occur? West - harrel ws.
17. INFORMANT Mrs. Many E. Flang. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of injurgeroner's your verteit - hishfulle
Plece arlington la Compare +114, 19	Nature of Injury Remark.
19 HINDERTAKER Harry H- Witshe	
19 UNDERTAKER 1531 W. Loutes St., Balk, us	24. Was disease or injury in any way related to occupation of deceased? Il so, specify
20. FILED 4/13/33 19 Thankflyley Registrar.	(Signed) M. D. (Address) Savas M. D.
	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

60 B 60 7

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago CONTROL Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TATA TO THE TATAL	DE ZECL	TOIL	T. C. I.C. T. T. T. T. T.	CA A A B A B A B A B A B A B A B A B A B	AJA	T TT T DIOTOTAL

PHYSICIANS should state

stated EXACTL properly classified.

AGE should be

mation should be carefully supplied.

B.—WRITE PLAINLY,

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

item of infor-

RECORD. Every

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH 04087

1. PLACE OF DEATH		932
County Forward		Registration Dist. No. 199
Village or City near Bless	mod -	NoSt.,Ward
Length of residence in city or town where d		f death occurred in a hospital or institution, give its NAME instead of street and number)
21	eath occurred 15 yrs. 110	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Allephen	of Hotels	J
(a) Residence: No.	(Usual place of abode)	St., Ward.
PERSONAL AND STATISTI		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
m.e. nl:1-	OR DIVORCED (write the word)	april = 6 = 1933.
5a. If married, widowed or divorced	manuel.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of COD WIFE of Page 1	41.11	22. / HEREBY CERTIFY, That I attended deceased from
mo, our as	m340662,	JUN 1933 to Mar 6, 1933
6. DATE OF BIRTH (month, day, and year) /8	56-9-11	I last saw were elive on
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abova, at 3.A.z.m.
76 6	7 J I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wero as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	2	Date of onset
SAWYER, BOOKKEEPER, etc.	arma	Cha myrtandila 5
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		
3 SAW MILL, BANK, etc	11, Total time (years)	-
this occupation (month and year)	spent in this	
Law	and les	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	estand,	The Selence 3
13. NAME Cornelius	11 Holds	June Valle -
E 1//	16-	
(State or country)	and and	Name of operation
15. MAIDEN NAME Clisabeth	Phruse	What test confirmed diagnosis? Was there en autopsy?
E O Zhan	2 16	23. If death was due to external causes (VIOLENCE) fill In elso the following:
2 16. BIRTHPLACE (city or town)	a land -	Accident, suicide, or homicide?
ma Ella la	A Waller	(Specify city or town, county and State)
17. INFORMANT (Address) GLEN WOO	MID	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Harmony Ceru	topto = april = 8 = 1933	Nature of injury
(0.71.7V)	d-, V	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	Tima	If so, specify
14.7 83	bo hout	(Signed) M M Master M.D.
20. FILED UM 1, 1983	Registrar.	(Address) duton, have
70 1		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING H UNFADING INK-THIS IS A PERMANEN mation should be carefrally supplied. AGE should be stated EXACT TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

V. S. No. 1

should state

STATE OF MARTLAND	CERTIFICATE OF DEATH (14088
1. PLACE OF DEATH	(23)
County Arward -	Registration Dist. No. 192
Village or City Collisian Culi	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
M. K	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME // any of the	***************************************
(a) Residence: No. Af What Dure	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Toursela Whete OR DITORED (write the word)	Ugev. 7 , 193 3
5a. If married, widowed, or overced	(Month) (May) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
M. I.	anuary (1933, to 45 116 9, 1933
6. DATE OF BIRTH (month, day, and year steel) 1900	1 last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date state dabove, at 130% m.
22 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Polaritation
SAWYER, BDDKKEEPER, etc.	Munoraty wellet she more
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	0
kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at. this occupation (month and	
year) occupation	
12. BIRTHPLACE (city or town)	Dther Coatributory Causes of importance:
(State or country) Unity left	
13. NAME while Aluffled	
f4. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME .	23. If death was due to external causes (VIOLENCE) fill in also the following:
f6. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, f9
E (State or/country)	Where did injury occur?
17. INFORMANT Lewel Sciles.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Collico Olta	
18. BURIAL, CREMATION OR KEMOVALT	Manner of Injury
Place 1: Mille Clille . Date Copy 1, 1933	Nature of injury
19. UNDERTAKER / Caston South	24. Was disease or injury in any way related to occupation of deceased?
(Address) Elliest City no	If so, specify
20. FILED LAN. 12 1933 Mrs alie & Habb	(Signed) Cliphan M.D.
Registrar.	(Address) Clicott City, Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	——— (3°C)
County I Loward	Registration Dist. No. 191
Village or City Ellewith City and.	NoSt.,Ward
1.000	If death occurred in a hospital or institution, give its NAME instead of street and number) s,ds. How long in U.S. if of foreign birth?yrsmosds.
	5y15y15y15y15y15y15
2. FULL NAME Clima maemil	
(a) Residence: No. Clicatt City Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wildowsel	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Charles machine	22. The HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on april 1 2.1933; deeth is said
6. DATE OF BIRTH (month, day, and year) / 80 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
72 8 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of oneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Cantributary Causes of importance:
13. NAME Twhu Bases	
13. NAME John Byer 14. BIRTHPLAGE (city or town)	Name of operation Oate of
(State or country) Lermany	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME electrostate	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME cure for town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Lermany	Where did Injury occur?
17, INFORMANT m. amelia Main (Address) Ellewett city met,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hory flederner Oate 4- 1933	Nature of injury
19. UNDERTAKER TO fling inhothory for	24. Was disease or injury in any way related to occupation of deceased?
(Address) Elypeatt City Ind,	If so, specify Western
20. FILEO apr 10, 1933 W/d Fresch	(Signed) (Address) Elliest the M. O
Registrar.	(voniezz)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Chronic interstitial nephrāis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S	1		1,21,157	
Other contributory causes of importance:	Languette ²	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH (1403)
1. PLACE OF DEATH	93-0
County Noward.	Registration Dist. No. 191
Village or City Rockeling (16	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Dannel Maron	ω :
(a) Residence: No. Rockelung (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. () I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of June & Sucher Moson	January 1 1930 to april 4 1933
6. DATE OF BIRTH (month, day, and year) Sept 12, 1848	I last saw h me elive on april 3 , 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 5457-m.
84 6 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	01
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month and done).	Mroun myocardites unban
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked et this occupetion (month and 1907)	· · · · · · · · · · · · · · · · · · ·
this occupation (month and 1900 spent in this occupation coupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country) Ungura	
13. NAME WM Mason	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Physical Chapter an autopsy? W.
15. MAIOEN NAME whoviou	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mos Edward Maskow (Address) Ellerate City med.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place William My Date Upm 6, 1933	Nature of injury.
19. UNDERTAKER IC. Suy into they (Address) Elevant City Mind	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEO april & 19 33 CB/+ Finsell Registrar.	(Signed) algoria n Intervered M. D. (Address) Ellies of City mad
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
(B) 8, (C)					
Other contributory causes of importance;		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	2				

V. S. No. 1

	S	TATE O	F MARYLAI	ND-	CERTIFICATE OF DEATH	04091
	ACE OF DEAT	4"	* * * * * * * * * * * * * * * * * * *	. ,	93-6	
	ounty Yaz			*	Registration Dist. N	0. 193
Vil	llage or City P.	F.D. It	orllowe,	(lf	No. death occurred in a hospital or institution, give its NAME instead	St., Ward
Lei	ngth of rasidence In cit	yor town where d	eath occurred JO yrs.	mos	ds. How long in U.S. if of foreign birth?y	rsds
2. FU	LL NAME	anna	Belle m	rule	linix	
(a) Residence: No	Sar	uc_		St., Ward.	
			(Usual place of abode)		. If nonresident give city	
			CAL PARTICULAR		MEDICAL CERTIFICATE OF	DEATH
Terr	cale 1. COLOR	lile lile	5. SINGLE, MARRIED, WID OR DIVORCED (write the	e word)	21. DATE OF DEATH Cepsil =	~ = , 193, 3
HUSE	ried, widowed, or divor		J. mullini		V	(Yaar) at I attended deceased from
	OF BIRTH (month, day,	, 9	6-17 million	<u> </u>	last sw h - LA alive on about	2 , 19 33
7. AGE	Years Years	Months		SS than	to have occurred on the date stated abova, at 8:30 P.m.	
	69	0		hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Imp	
8. Tr	rade, profession, or par kind of work done, a	rticular	()			Data of onset
Ĕ	kind of work done, a SAWYER, BOOKKEER dustry or business in		misery e,		Ohr. Myocardita	o 3 gro
3 3	work was done, as SI SAW MILL, BANK, et	LK MILL				
OCCUPATION	this occupation (mon	ed at	11. Total time (years) spent in this		auto-sutopication	- 18 m
	PLACE (city or town):	Howa	od les.		Other Cantributery Causes of Importance: Acutte delitation	36 hro
₩ 13. NA	AME andre	es S. H	rullrick	,		
Ξ	RTHPLACE (city or tow (State or country)	(12	0		Name of operation	Date of
œ	1	rua	1 Band	,	What test confirmed diagnosis?	/as thera an autopsy?_ 🕦
15. M/	AIDEN NAME	BI	Poerugi		23. If death was due to external causes (VIOL ENCE) fill in also	the following:
15. M/	RTHPLACE (city or tow (State or country)	(n) Lac	rara coo;		Accident, suicide, or homicide? Date of I	njury, 19
	000	7 20	all'		Where did injury occur? (Specify city or town, or	ounty and State)
	MANT $Q.Q.G$	Hool C.	we Tred.		Specify whather injury occurred in INDUSTRY, In HOME, or i	n PUBLIC PLACE.
18. BURIAL	L, CREMATION, OR RE	MOVAL Chas 06	But apr J-	10.53	Manner of injury	
• 10	1 7	me co	11	, 192.9.1	Nature of injury	
19. UNDER	TAKER (O. M? ddress) His	Malta	ned.		24. Was disease or injury in any way related to occupation of o	deceased?hD
20. FILED!	yray is	83	y marl	m	(Signed) Stanty Fr	bill M.D
	The second second		Re	gistrar.	(Address)	June Mis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago U TEARSTON Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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Arteriosclerosis	1915	Attak of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Rum over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritoriti	3 days ago
Other contributory causes of importance:	5.	other contributory causes of importance:	
Gallstones	May 1,1923	Gastrofateritis	1 year
	14	. 7000	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

04094

1. PLACE OF DEATH	
County Howard	Registration Dist. No.
Village or City Savace	No. St., Ward death opcurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its IVAIVIE instead or street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
13.10.00	
2. FULL NAME / Just /	Cacre.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 2 2 (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) this or	4/23,1933,10 4/23,1933
6. DATE OF BIRTH (month, day, and year) 4/23/33	I last saw hand alive on 4 2 3 19 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows
8. Trade, profession, or particular	Turnelus of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	separation of Claunts 4/24
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (unouth and spant in this	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation	
MAY.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Mulan Charles 14. BIRTHPLACE (city or town). Sharpy (State or country)	
14. BIRTHPLACE (city or town).	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?'16
15. MAIDEN NAME Elivara fruitalista (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mylloss Challs	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAND	Manner of injury
Place Cistury Date 7273, 19	Nature of injury
19, UNDERTAKER Willis Protes acting	24. Was disease or injury In any way related to occupation of deceased?
(Addiess)	If so, specify
20, FILED 4/22/3,8 Frankst sleng,	(Signed) M. D.
Registrati	(Address)

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Cerebral hemorrhage	July 5, 1927	4 er sonitis	3 days ago
	1 17	E	
Other contributory causes of importance:	13	Other contributory causes of importance:	
Gallstones	May 1 1923	Gastrocateritis	1 year
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ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	4	U	3	1)

1. PLACE OF DEATH		(02-2)	1000
County Horors		Registratio	n Dist. No. 193
Village or City Story		No. death occurred in a hospital or institution, give its NAI ds. How long in U.S. if of foreign birth?	
2. FULL NAME franks	& Amuth		
(a) Residence: No.	(Usual place of abode)	St., Ward.	ent give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICAT	
2. 1 6.1.4 0	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month)	0 = 18 = 1933.
5a. If merried, widowed, or divorced HUSBAND of (er) Wife-of fannie J.	with.		FY. That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) 186- 7. AGE Yeers Months	Deys If LESS then 1 dey,hrs. ormin.	to have occurred on the date steted above, et The PRINCIPAL CAUSE OF DEATH and related ce were as follows:	1932; deeth is seid
8. Trede, prefession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 1. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked et this occupetion (month end year)	oher (astreed) 11. Total time (yeers) spent in this occupetion	Chronic Jay 1411 Cure of Contributory Canses of Importance:	utis ?
12. BIRTHPLACE (city or town) Trederick (Stete or country) 13. NAME 13. NAME 14. Samuel D	Laced,	arteur Sele	inie 9
13. NAME Samuel Dille 14. BIRTHPLACE (city or town) Presser (State or country)	ids boo	Neme of operetion	
15. MAIDEN NAME AND R. D. 16. BIRTHPLACE (city or town) Freder (State or country) 17. INFORMANT Mrs. Farmer J. (Address)	insifer,	23. If deeth wes due to externel ceuses (VIDLENCE) Accident, suicide, or homicide? Where did injury occur? (Specify city Specify whether injury occurred in INDUSTRY, in it	Dete of Injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place ME Kenndree Coenty	ageno=1933.	Manner of injury	
19. UNDERTAKER 6.M. Walth (Address) Hingheld	nd,	24. Wes diseese or injury in any way related to occur if so, specify	upetion of deceesed?
20. FILED apr 28, 1939	Masler Registrar.	(Signed) (Address)	M.D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

N. BWRITE PLAINLY, V H UNFADING INK-THIS IS A PERMANENT SECORD. Every item of	mation should be careford supplied. AGE should be stated EXACTL PHYSICIANS should	000	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(158)
County Toward	Registration Dist. No. 190
Village or City - Elsions	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrs,mo	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Myant Stivers	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Strike the word)	21. DATE OF DEATH July 12th 1933 (Year)
5a. If married, widowed, or divorced HUSBAND of	(rear)
(or) WIFE of	22. HEREBY CERTIFY That attended becaused from
al:011:1933	1913
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
or/min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	A A
SAWYER, BDDKKEEPER, etc.	Tremativing.
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
D. Date deceased last worked at 11. Total time (years)	-
this occupation (month and spant in this occupation occupation	
M.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME Club & Struers	
E	
14. BIRTHPLACE (city or town)	Nama of operation
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
Construction Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CADE CONTROL OF CON	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 19	- Natura of injury
19. UNDERTAKER Clyd & Stivers, actions	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Charles, M.	if so, specify Manh Sulley
ah 210 322 100 11/10	(Signed) ST M. D. M. D.
20. FILEDIA 1923 N. Registrar.	(Address)
Acgular.	(11001003)

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PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every stated EXACTL mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING H UNFADING INK-THIS IS A PERMANEN -WRITE PLAINLY,

V. S. No. 1 N. B.-

item of infor-

1. PLACE OF DEATH	MARTLAND—	The second secon
County Harons		Registration Dist. No. 192
Village or city Manualla		NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence In city or town whara daath	4.00 !!	
2. FULL NAME Marcella	is H. Stright	(+,
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April = 6 = ,193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced	4	, , , , , , , , , , , , , , , , , , , ,
(OT) WIFE OF late mineroa	Noight.	22. HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) /85	7-10+9	I last sach in alive on about 5, 1933; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at
75 5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	mee,	Cerebral Hemourhage ap
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceasad last worked at this occuration (month and		0 0
0 10. Date daceasad last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Howa	rd loo,	Other Coutributory Causes of Importance:
(State or country)	placed -	Typerlinew Cardes
13. NAME Joshua JA.	It right,	Hascular choices
13. NAME oshwa Jd. 14. BIRTHPLACE (city or town) mont (State or country) Mag	y ladyd.	Name of operation Date of What test confirmed diagnosis? Disposed Symwas there an autopsy? No
15. MAIDEN NAME amanda &	Shipley,	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) How	and lead	Accident, sulcide, or homicide? Data of Injury, 19
· (State of county)	10	Whare did injury occur? (Specify city of fown county and State)
17. INFORMANT Mrs. Colorde (Address) manistle or	lle md.	(Specify city or town, county and State) Spacify whether Injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place reedom benety D	ate april = 9= 1933	Manner of injury
19. UNDERTAKER 6. M. Waltz (Address) Husfield	ned.	24. Was disease or injury in any way related to occupation of decaasad?
20. FILED afrils 7, 1983 Mrs a	Plice A Horber Registrar.	(Signed) Witha n Herbert M. D. (Address) Ellerott City, Ind
If more blank		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

INACATAM

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year